

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001055

STATE FILE NUMBER

AMENDED

Registration District No. 118Primary Registration District No. 4188Registrar's No. 2

FILED JAN 23 1962

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u> | | c. CITY OR TOWN <u>Owensville</u> | |
| Length of stay in 1b <u>lifetime</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS (If outside, give location) <u>301 W. Jefferson</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Henry</u> Last <u>Buchholz</u> | | 4. DATE OF DEATH Month <u>January</u> Day <u>11</u> Year <u>1962</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-4-1885</u> |
| 9. AGE (last birthday) <u>76</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired factory foreman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>pipe factory</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Owensville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Frank Buchholz</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Poppenhouse</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Bertha Plummer</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT Address <u>Alfred Buchholz Owensville, M</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chronic valvular heart disease</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>6 yrs</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | Month, Day, Year <u> </u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY <u> </u> STATE <u> </u> |
| 21. I attended the deceased from <u>9-11-1961</u> to <u>1-11-1962</u> and last saw him alive on <u>1-11-62</u> Death occurred at <u>11:43</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>E. Spencer Macaulay D.O.</u> | | 22b. ADDRESS <u>Owensville, Mo.</u> | |
| 22c. DATE SIGNED <u>1-12-62</u> | | 22d. DATE SIGNED <u>1-12-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>1-14-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Owensville, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Gottenstroeter Funeral Home</u> <u>Owensville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>January 13, 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u> | |

(Licensed Emballer's Statement on Reverse Side)

FEB 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Owensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.